

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41566**
Registrar's No. **281**

JAN 6 1942

Registration District No. **164**

Primary Registration District No. **4096**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **Jerico Spgs., Mo.**
(c) Name of hospital or institution: **X /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X** (Specify whether years, months or days)
In this community **X**

3. (a) PRINT FULL NAME **Albertine Bush**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **M. P. Bush** 6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **July 6, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 19 X hr. **X** min.

9. Birthplace **Ohio** **XXXX**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **X**

12. Name **Samuel Bryan**
13. Birthplace **XXXX** **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Coyner**
15. Birthplace **XXX** **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Bush**
(b) Address **Jerico Spgs., Mo.**

17. (a) **Burial** (b) Date thereof **12-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jerico Spgs. Cemetary**

18. (a) Signature of funeral director **W. C. Davis & Co.**

(b) Address **Stockton, Mo.**

19. (a) **Dec. 31, 1941** (b) **D. P. Schrock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **Jerico Spgs., Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **X** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th** 1941
year hour minute **10 12 P.**

21. I hereby certify that I attended the deceased from **12-4-41**
19 to **12-25** 1941
that I last saw him alive on **12-24** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis and Sclerosis**
Hypertension and Atherosclerosis
Due to **Hypertension and Atherosclerosis**
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? **X** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **X**

While at work? (Specify type of place) Means of injury **X**

23. Signature **E. B. Bamber** (M. D. or other)
Address **Jerico Spgs. Mo.** Date signed **12/31/41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2069

Date Filed 1-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.